ENTRY BLANK			
PLEASE TYPE	OR PRINT	Entered prev	ious May Show
☐ Ms.		yes yes	□ no
Mr. Artist	DIVAC	VARG	0
			(Last Name Last)
Permanent 29	L9 E.	129 ST.	CLAX
Str			City
44/20	Tel. (216)	991-5	שרו
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Zip	Area Code		
If you do not pre Western Reserve,			
Collaborator			
	(If Any)		
If May Show ent			ld:
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	uld dispose of.	ist C.O.D. at thi	s address:
	ard strip to dit		3 dddress.
Special Instruction	ons		
When necessary i	nclude below	instructions or	a drawing of
how the object is	to be assemb	led and displaye	d.
This entry blank entry blanks will			gned. Unsigned
Note carefully ca	lendar for deli the Museum w	very and return	t to dispose for

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

It is also understood that accepted objects will remain on

Signature .

exhibition until May 18, 1980.

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